

Born in Cleveland ☒ YES ☐ NO

THE CLEVELAND MUSEUM OF ART  
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE  
 MAY 8 to JUNE 16, 1963

PLEASE  
LETTER  
PLAINLY  
OR TYPE

Collaborator if any \_\_\_\_\_

Artist

ELIZABETH C. McFADYEN

FIRST NAME

LAST NAME

Address

14521 SHAW AVE E. CLEVELAND 12. CUYAHOGA

NO.

STREET

CITY

ZONE

COUNTY

Tel.

GL 1-4325

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS
1		35 <sup>00</sup>	TEAPOT No I	stoneware	7	1299 ✓ R
1		35 <sup>00</sup>	TEAPOT No II	stoneware	7	1300 ✓ R
1		35 <sup>00</sup>	COVERED JAR	"	7	1301 ✓ R
1		25 <sup>00</sup>	Pot No I <u>covered</u>	"	7	1302 ✓ R
1		35 <sup>00</sup>	Pot No II <u>covered</u>	"	7	1303 ✓ R
1		30 <sup>00</sup>	POT No III	"	7	1304 ✓ R

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed.  
 Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the  
 Museum will have the right to dispose for its own account any entry not called for by  
 July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed  
 in this entry blank.

Elizabeth McFadyen  
 SIGNATURE

REC'D MAR 11 1963

Cash  
 [Signature]